



**MIAMI-DADE COUNTY
EMPLOYEE RELATIONS DEPARTMENT
SPECIAL EARNED LEAVE POOL
APPLICATION FOR APPROVAL**

DEPARTMENT PERSONNEL OFFICE

Employee's Name: _____ SS#: _____ Employee Status: _____

Department: _____ Hire Date: _____ Classification: _____

Reason for request: _____

Effective Date: _____

	YES	NO
1. Is the employee in a status code that is eligible to earn leave and has this employee earned 13 pay periods?	_____	_____
2. Will the employee have exhausted all applicable available leave by the effective date given above	_____	_____
3. Does the employee expect to be absent from work for at least one pay period due to illness or injury to themselves or their immediate family?	_____	_____
4. Has the employee made application for Short Term Disability Insurance?	_____	_____
5. Has the employee made application for Long Term Disability Insurance?	_____	_____
6. Is the employee a member of or eligible for benefits from a Departmental Earned Leave Pool?	_____	_____
7. Is the employee receiving Disability and/or Worker's Compensation benefits?	_____	_____
8. Does the employee have any litigation pending against Miami-Dade County?	_____	_____

Refer to the Miami-Dade County Leave Manual, Section 25.02.01 for more information on rules and procedures.

Recommended by: _____

Department Personnel Representative

DEPARTMENT DIRECTOR'S OFFICE

I certify that I have reviewed this request and it complies with the provisions of the County Leave Manual. This request is therefore:

Approved: _____ Disapproved: _____

If disapproved, reason for disapproval: _____

Department Director's Signature: _____ Date: _____

EMPLOYEE RELATIONS DEPARTMENT

Approved: _____ Disapproved: _____

If disapproved, reason for Disapproval: _____

Director, Employee Relations Department: _____ Date: _____